



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 8913 Little Rock, Arkansas 72219-8913
Telephone 501-562-7444

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: R. Tuell M/S C6-59 19503 S. Normandie Avenue, Torrance, CA 90502						A. State Manifest Document Number AR-572051				
4. Generator's Phone (310) 533-7926 or (310) 533-7231						B. State Generator's ID HAHQ 36005698				
5. Transporter 1 Company Name United Pumping Service						C. State Transporter's ID PC 1123 H602				
7. Transporter 2 Company Name						D. Transporter's Phone (818) 961-9326				
9. Designated Facility Name and Site Address Ensco, Inc. American Oil Road El Dorado, AR 71730						E. State Transporter's ID PC - - - - H - - -				
10. US EPA ID Number A R D 0 6 9 7 4 8 1 9 2						F. Transporter's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. RQ, Hazardous Waste Solid, N.O.S. (111-Trichloroethane, Methylene Chloride) ORM-E, NA9189 (D007)						No.	Type			352 D007, F002 F003, F005
b. RQ, Waste, Compressed Gas, N.O.S. (Petroleum Distillates) Flammable Gas, UN1954 (D001)						004	BIA	04000	P	331 D001
c. RQ, Waste, Flammable Liquid, N.O.S. (Petroleum Distillates, 111-Trichloroethane) Flammable Liquid, UN1993 (D001)						005	hIM	00700	P	214 D001, F001, F002 F003, F005
d. Hazardous Waste solid, N.O.S. (111-Trichloroethane) ORM-E, NA9189						003	DIM	01200	P	352 F001
J. Additional Descriptions for Materials Listed Above a) WMDS # 50090. Production rags contaminated with solvents. b) WMDS # 142772. Aerosol cans. c) WMDS # 142764. Waste solvents. <u>RECVD 5463#</u> if no alternate TSDF, return to generator <u>d) WMDS # 146157. 111-Trich cont. solids.</u>						K. Handling Codes for Wastes Listed Above EMERGENCY RESPONSE INFORMATION: (310) 533-7926 Rob Tuell				
15. Special Handling Instructions and Additional Information In case of accident contact Chemtrec at 800-424-9300. Weights are approximate. DOT Emergency Response Guide #'s a)31 b)22 c)27. Load # 73450. Appt. time 1400 on November 19, 1992.										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name JOHN CHAN						Signature <i>[Signature]</i>		Month Day Year 11/16/92		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Ruben LIZARRAGA						Signature <i>[Signature]</i>		Month Day Year 11/16/92		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Month Day Year		
19. Discrepancy Indication Space LETTER SENT TO GENERATOR, LETTER ON FILE. EST. WEIGHT DISCREPANCY/MIST. 6200# - RECVD 5463#.										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name JANET BAILEY						Signature <i>[Signature]</i>		Month Day Year 11/19/92		

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREATMENT/STORAGE/DISPOSAL FACILITY MUST RETURN THIS ORIGINAL COPY TO THE GENERATOR.

BOE-C6-0193913



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4. Generator's Phone (310) 533-7926 or (310) 533-7231		6. US EPA ID Number		B. State Generator's ID HAWO 36005698		
5. Transporter 1 Company Name United Pumping Service		C/A/D/O/7/2/9/5/3/7/7/1		C. State Transporter's ID PC 1123 H 602		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (818) 961-9326		
9. Designated Facility Name and Site Address Ensco, Inc. American Oil Road El Dorado, AR 71730		10. US EPA ID Number A/R/D/O/6/9/7/4/8/1/9/2		E. State Transporter's ID PC H		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (501) 863-7173		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Hazardous Waste Solid, N.O.S. (111-Trichloroethane, Methylene Chloride) ORM-E, NA9189 (D007)		004 B/A		04000	P	352 D007, F002 F003, F005
b. RQ, Waste, Compressed Gas, N.O.S. (Petroleum Distillates) Flammable Gas, UN1954 (D001)		005 A/M		00700	P	331 D001
c. RQ, Waste, Flammable Liquid, N.O.S. (Petroleum Distillates, 111-Trichloroethane) Flammable Liquid, UN1993 (D001)		003 D/M		01200	P	214 D001, F001, F002 F003, F005
d. Hazardous Waste Solid, N.O.S. (111-Trichloroethane) ORM-E, NA9189		001 D/M		00300	P	352 F001
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Printed/Typed Name JOHN CHAN		Signature [Signature]		Month Day Year 11/19/92		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kubert L. [Signature]		Signature [Signature]		Month Day Year 11/19/92		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name		Signature		Month Day Year		

GENERAL INFORMATION

The Hazardous Waste manifest is designed to track waste from the point of generation to final disposal (cradle to grave). In order to accomplish this goal, it is essential that all items on the manifest be completed correctly. Incomplete or incorrect manifests are violations of the law, and could make you subject to civil or criminal liabilities as specified in the Federal Regulations and the Arkansas Hazardous Waste Management Code.

INSTRUCTIONS—IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING

State and Federal regulations require Generators, Transporters, and Treatment, Storage & Disposal Facilities (TSDFs) to use this form and if necessary the continuation sheet for both inter and intrastate shipments. (Continuation sheets are not provided by the state of Arkansas.)

The Arkansas Manifest contains 6 copies. **ALL COPIES MUST BE LEGIBLE.** This form is designed for use on a 12 pitch (elite) typewriter; a firm ball point pen may also be used only if you press down **HARD**. The 6 copies must be distributed in the following way:

- ORIGINAL: **GENERATOR COPY**—The TSDF will mail back to the generator state where the waste was generated. (WHITE COPY)
COPY 2: **STATE COPY**—The in-state TSDF mails to Arkansas Department of Pollution Control. (YELLOW COPY)
COPY 3: **TSDF COPY**—TSDF keeps this copy for his records. (PINK COPY)
COPY 4: **2ND TRANSPORTER COPY**—The second transporter keeps for his records. (GOLD COPY)
COPY 5: **1ST TRANSPORTER COPY**—The first transporter keeps for his records. (GREEN COPY)
COPY 6: **GENERATOR INITIAL COPY**—The generator keeps once first transporter signs off and takes waste. (BLUE COPY)

IF THE TSDF IS LOCATED OUT-OF-STATE THE IN-STATE GENERATOR MUST SEND A PHOTOCOPY TO THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL ONCE THE MANIFEST HAS BEEN SIGNED OFF BY THE TSDF.

MANIFEST FORM ACQUISITION

1. If the destination (consignment) state supplies a manifest and requires its use, then the generator is obligated to obtain the manifest from that state.
2. If the destination state does not supply the manifest, but the generator state does, then the generator is obligated to obtain the manifest form from the generator state.
3. If forms are unavailable from either state the generator may obtain a manifest from any source.

ARKANSAS WILL NOT ACCEPT THE GENERIC UNIFORM MANIFEST

GENERATOR SECTION

- Item 1: **GENERATOR'S US EPA ID NO.—MANIFEST DOCUMENT NO.**—Enter the generator's 12 digit EPA identification number. The manifest document number is a unique 5-digit no. the generator assigns to each manifest.
- Item 2: **PAGE 1 Of** —Enter the total number of pages used to complete this manifest; i.e., the first page plus the number of continuation sheets, if any.
- Item 3: **GENERATOR'S NAME & MAILING ADDRESS**—Enter the name and mailing address of the generator, and provide the site address.
- Item 4: **GENERATOR'S PHONE NUMBER**—Enter a telephone no. with area code where an authorized agent of the generator can be reached in case of an emergency.
- Item 5: **TRANSPORTER 1 COMPANY NAME**—Enter the company name (as notified to EPA) of the first transporter who will transport the waste.
- Item 6: **US EPA ID NUMBER**—Enter the US EPA 12-digit ID number of the first transporter identified in Item 5.
- Item 7: **TRANSPORTER 2 COMPANY NAME**—If applicable, enter the company name (as notified to EPA) of the second transporter who will transport the waste. If more than (2) transporters will be used, use a continuation sheet and list the transporters in the order they will be transporting the waste.
- Item 8: **US EPA ID NUMBER**—If applicable, enter the US EPA 12-digit ID number of the second transporter identified in Item 7.
- Item 9: **DESIGNATED FACILITY NAME & SITE ADDRESS**—Enter the company name and site address of the treatment, storage, disposal facility (TSDF) designated to receive the waste listed on this manifest.
- Item 10: **US EPA ID NUMBER**—Enter the 12-digit US EPA identification number of the designated TSDF listed in Item 9.
- Item 11: **US DOT DESCRIPTION**—All of the following must be entered: the correct US DOT (Dept. of Transportation) name for the waste identified, the assigned DOT Hazard Class and the UN/NA ID Number (e.g. waste sulfuric acid, spent corrosive material, UN1832 RQ). The word "waste" must appear as part of the DOT name. If more than 4 wastes are being shipped, a second manifest or continuation sheets must be used. (See 49 CFR 172.201).
- Item 12: **CONTAINERS (NO. & TYPE)**—Enter the number of containers for each waste and the appropriate abbreviations from Table 1 (below) for the type of containers used.

TABLE 1
CONTAINER TYPES

DM - Metal drums, barrels, kegs
DW - Wooden drums, barrels, kegs
DF - Fiberboard or plastic drums, barrels, kegs
TP - Tanks portable
TT - Cargo tanks (tank trucks)
TC - Tank cars
DT - Dump truck
CY - Cylinders
CM - Metal boxes, cartons, cases (including roll-offs)
CW - Wooden boxes, cartons, cases
CF - Fiber or plastic boxes, cartons, cases
BA - Burlap, cloth, paper or plastic bags

Item 13: **TOTAL QUANTITY**—Enter the total quantity of waste described on each line.

DO NOT USE FRACTIONS

Item 14: **UNIT (Wt./Vol.)**—Enter the appropriate abbreviation from Table 2 (below) for the unit of measure used in determining the total quantity of waste described on each line.

TABLE 2
UNITS OF MEASURE

G - Gallons (liquid only)
P - Pounds
T - Tons (2,000 lbs.)
Y - Cubic yards
L - Liters (liquids only)
K - Kilograms
M - Metric Tons (1,000 kg)
N - Cubic meters

Item 15: **SPECIAL HANDLING INSTRUCTIONS & ADDITIONAL INFORMATION**—Use this space to indicate special transportation, treatment, storage, disposal, or Bill of Lading information. If any alternate facility is designated, note it here. For **INTERNATIONAL SHIPMENTS**, generators must enter the point of departure (city & state) in this space.

Item 16: **GENERATOR'S CERTIFICATION**—The Generator must read, sign (by hand), and date the certification. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, air) inserted in the space. If another mode in addition to the highway mode is used, enter the appropriate additional mode in the space.

Item A: **STATE MANIFEST DOCUMENT NUMBER**—Number preprinted by the state of Arkansas except on the continuation sheets. Enter this number on each continuation sheet attached to the manifest.

Item B: **STATE GENERATOR ID**—Are numbers issued by state of Arkansas (i.e., PCB, Provisional, or Conditionally Exempt Generator Numbers).

Item C: **STATE TRAN #1 ID**—Must have Arkansas Permit Number if transporting waste in, through, or out of Arkansas.

Item D: **TRANSPORTER PHONE**—Enter a telephone number with area code where an authorized agent of the transporter can be reached.

Item E: **STATE TRAN #2 ID**—If applicable, enter Arkansas Permit Number if carrying waste in, through, or out of the Arkansas.

Item F: **TRANSPORTER PHONE**—If applicable, enter a telephone number with area code where an authorized agent of the second transporter may be reached.

Item G: **STATE FACILITY'S ID**—No entry is required by Arkansas.

Item H: **FACILITY PHONE**—Enter a telephone number with area code of the TSDF designated to receive the waste listed on the manifest.

Item I: **WASTE NO.**—Enter the 4-digit EPA Hazardous Waste No. as listed in 40 Code of Federal Regulations Part 261.

Item J: **ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED BELOW**—List additional description of material and alternate TSDF including TSDF address and EPA ID Number.

Item K: **EMERGENCY RESPONSE INFORMATION**—Arkansas requires the generator to list an authorized representative name and 24 hour phone number in case of an emergency.

TRANSPORTER SECTION

Item 17: **TRANSPORTER 1 ACKNOWLEDGEMENT**—Print or type the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

Item 18: **TRANSPORTER 2 ACKNOWLEDGEMENT**—If applicable, follow instructions for item 17 for the second transporter.

Note: **ALL HAZARDOUS WASTE TRANSPORTERS OPERATING IN ARKANSAS MUST HAVE A VALID ARKANSAS TRANSPORTER PERMIT.**

DESIGNATED FACILITY (TSDF) SECTION

Item 19: **DISCREPANCY INDICATION SPACE**—The authorized representative of the designated facility must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with an explanation of the disposition of the rejected wastes.

Item 20: **FACILITY OWNER/OPERATOR CERTIFICATION**—Print or type the name of the person accepting the waste on behalf of the owner/operator of the designated TSDF. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date.

Note: For interstate shipments you may be required to comply with the manifesting requirements of both the receiving and generator states regarding the completion of specific information included in lettered items A-K. Please check with both generator and disposer states for specific requirements.

BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C., 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.



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17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year			
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BOE-C6-0193916

WEIGHT TICKET

VENDOR: United Pumping.

GROSS 38470

TRUCK #: 26 Flat bed V-3

TARE 33030

DATE: 11/16/92

NET 05440

CONTENTS: (solvents, Rags & Spray cans, Solid trash 111).

DISPOSAL FACILITY: ENSCD

DRUM COUNT 9 DR. 4 bags.

DRIVER: Ruben Lizama

GALLONS _____

STA 3 MANIFEST DOCUMENT NUMBER: AR-572051

WEIGHT TICKET

UNITED PUMPING SERVICE, INC.

FIELD WORK ORDER 30439

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746

PHONE: (818) 961-9326

FAX (818) 336-7734

(PAGE 1 OF 1)

CUSTOMER/ADDRESS

DOUGLAS AIRCRAFT CO,
19503-S. NORMANDIE AVE
TORRENCE CA. 90502

PHONE NO. CONTACT

(310) 533-7926

LOCATION

DATE WORK PERFORMED:
11-16-72
DATE OF THIS REPORT:
TIME CALL RECEIVED:
CONTRACT NO.:
LOSS REPORT NO./P. O. NO.:

SCOPE OF WORK

POK UP HAZARDOUS WASTE SOLIDS

[illegible][illegible]

DISPOSAL MANIFEST NO.	DISPOSAL SITE	QTY	UNIT
572051	ARKANZAS	9	BARRELS
		41	BARRELS
		13	TOTAL

CONSUMABLE: TYPE	QTY	TYPE	QTY

ADDITIONAL INFORMATION

SIGNED

CUSTOMER COPY

BOE-C6-0193918



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

SECTION I

Generator Name: Douglas Aircraft Co

Manifest No.: AK572051

SECTION II SPENT SOLVENT WASTE (268.30) AND CALIFORNIA LIST WASTE (268.32)

A. Spent Solvent Wastes (F001-F005)

This shipment, as referenced by the above manifest number, contains waste(s) which correspond to USEPA Hazardous Waste Code(s) F001, F002, F003, F005

The above referenced waste(s) must be treated to meet the treatment standard expressed as Constituent Concentration in the Waste Extract as outlined in 40 CFR 268.41 Table CCWE or in 40 CFR 268.43 Table CCW below.

Table CCW – Constituent Concentrations in Waste

F001-F005 Spent Solvents	Total Concentration (in mg/l)	
	Wastewaters	Non-Wastewaters
Acetone	0.28	160
Benzene	0.070	3.7
n-Butyl alcohol	5.8	2.8
Carbon tetrachloride	0.057	5.8
Chlorobenzene	0.057	5.7
Cresols (m- and p- isomers)	0.77	3.2
O-cresol	0.11	5.8
O-Dichlorobenzene	0.088	6.2
Ethyl acetate	0.34	33
Ethyl benzene	0.057	6.0
Ethyl ether	0.12	160
Isobutyl alcohol	5.8	170
Methylene chloride	0.089	33
Methyl ethyl ketone	0.28	36
Methyl isobutyl ketone	0.014	33
Nitrobenzene	0.068	14
Pyridine	0.14	0.16
Tetrachloroethylene	0.058	5.8
Toluene	0.08	28
1,1,1-Trichloroethane	0.054	5.8
1,1,2-Trichloroethane	0.030	7.8
1,1,2-Trichloro-1,2,2-Trifluoroethane	0.057	0.28
Trichloroethylene	0.054	5.8
Trichlorofluoromethane	0.02	33
Xylenes (Total)	0.32	28

Table CCWE-Constituent Concentrations in Waste Extract

	TCLP Concentrations (mg/l)	
Carbon Disulfide	N/A	4.8
Cyclohexanone	N/A	.75
Methanol	N/A	.75

F005 Spent solvents 2-Nitropropane and 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.42 and must be referenced in Section III of this form.

☐ - If indicated by "X", any or all of the above specified waste codes are able to be land disposed without further treatment and are referenced to Certification Statement Section V.

☐ Here,
... applicable

B. California List Wastes

This shipment, as referenced by the above manifest number, contains waste(s) corresponding to USEPA Hazardous Waste Code(s) _____

The above referenced waste(s) must be treated to meet the treatment standards as set forth in 40 CFR 268 Subpart _____ or where specific treatment standards are not applicable, or where the hazardous waste contains any of the constituents below not already covered under existing treatment standards, the waste must be treated in accordance with the requirements specified in 40 CFR 268.32 and RCRA Section 3004(d).

CALIFORNIA LIST CONSTITUENTS AND THEIR PROHIBITION LEVELS

CONSTITUENT

*Cyanides
*Arsenic
*Cadmium
*Chromium VI
*Lead
*Mercury
Liquid Hazardous Waste Containing Nickel
*Selenium
Liquid Hazardous Waste Containing Thallium
*Liquids with pH ≤ 2.0
Liquids with PCBs
Hazardous Wastes containing HOCs**

CONCENTRATION (MG/L)

1,000
500
100
500
500
20
134
100
130
—
50 ppm
1,000 mg/kg

*Generally, liquid hazardous wastes containing any of these constituents are subject to more specific treatment standards which supercede the California List Prohibitions and should be referenced in Section III of this form. However, some solid hazardous debris may be subject to an extension in the effective date and may be subject to these prohibitions if any of these constituents are contained in concentrations equal to or greater than what is specified.

**Halogenated Organic Carbon (See 40 CFR 268 Appendix III).

☐ - If indicated by "X", any or all of the above specified waste codes are able to be land disposed without further treatment and are referenced to certification statement Section V. "X" here, if applicable

SECTION III

OTHER RESTRICTED WASTES

Restricted Waste(s) contained in this shipment and referenced by the above manifest number are listed below and are subject to the treatment standards set forth in 268.41, 268.42, and/or 268.43.

For each waste code, list the following information where applicable: Subcategory; Treatability Group (NWW or WW); 5-letter treatment code for specified technology in 268.42 (INCIN, DEACT, STABL, RMERC, FSUBS) or CFR Section and Paragraph for concentration based standards [268.41(a) and/or 268.43(a)].

USEPA Hazardous Waste Code(s)	Subcategory If Applicable*	Treatability Group	Treatment Technology** (5-letter Treatment Code)	OR	CFR Section and Paragraph (268.41(a) and/or 268.43(a))	Waste Codes Indicated By "X" are Referenced to Certification Statement Section V
<u>D007</u>		<u>NWW</u>			<u>268.41(a)</u>	
<u>D001</u>	<u>Ignitable Liquid</u>	<u>NWW</u>	<u>INCIN</u>			

*Required for the following waste codes: D001, D002, D003, D006, D008, D009, F025, K069, K071, K106, P065, P092 and U151.

Not all treatment codes are acceptable at the El Dorado, Arkansas facility. The three most common codes accepted are INCIN, DEACT, STA

SECTION IV**LAB PACK CERTIFICATION**

In accordance with 40 CFR 268.7(a)(8) and 268.7(a)(9), the lab pack wastes contained in this shipment corresponding to the USEPA Hazardous Waste Codes listed below

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

are identified as restricted wastes and are referenced by the above manifest number. I submit the following certification statement(s) where applicable:

**Appendix IV Lab Pack Wastes
(Organometallic)**

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature_____

Title_____Date_____

Treatment Technology: INCIN followed by STABL

**Appendix V Lab Pack Wastes
(Organic)**

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature_____

Title_____Date_____

Treatment Technology: INCIN

Lab pack wastes with hazardous waste codes not specified by EPA in 40 CFR 268 Appendix IV or V are referenced in Section III of this form.

**SECTION V CERTIFICATION OF RESTRICTED WASTE WHICH MAY BE LAND DISPOSED
WITHOUT FURTHER TREATMENT**

In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment. I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Signature_____ Title_____ Date_____

(This certification is referenced to the appropriate USEPA Hazardous Waste Code in the foregoing appropriate Sections II or III).

SECTION VI HAZARDOUS DEBRIS SUBJECT TO ALTERNATIVE TREATMENT STANDARDS

This shipment contains hazardous debris as defined in 40 CFR 268.2(h) and corresponding to USEPA waste codes

Effective November 9, 1992, this hazardous debris is subject to the alternative treatment standards of 40 CFR 268. This debris contains the following constituents subject to treatment:

- ☐ Constituents of treatment standards for the above listed wastes as described in 268.41 and/or 268.43.
- ☐ Toxicity Characteristics (D004-D043) _____
(Specify Chemical Name(s))
- ☐ Reactive Sulfide or Cyanide

SECTION VII WASTES SUBJECT TO AN EXTENSION IN THE EFFECTIVE DATE
(Check Where Appropriate)

	<u>Waste Code</u>	<u>Effective Date</u>
<input type="checkbox"/>	F037	6-30-93
<input type="checkbox"/>	F038	6-30-93
<input type="checkbox"/>	F037 Debris	6-30-94
<input type="checkbox"/>	F038 Debris	6-30-94
<input type="checkbox"/>	Debris contaminated with a newly listed waste (specify code(s))	6-30-94

These wastes do not need to be referenced in Section III of this form. However, these wastes may be subject to the California List Prohibitions - See Section IIB of this form

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

Signature [Signature] Title Pr. Sp. Tech. Date 11/16/92 Rev. DA 10/92



American Oil Road
P.O. Box 1957
El Dorado, Arkansas 71731

DATE: 11-19-92

R. TUELL M/S C6-59
DOUGLAS Aircraft Co.
19503 S. NORMANDIE AVE.
TORRANCE, CA 90502

Re: Arkansas Manifest # 572051

Dear Sir/Madame:

This letter is to notify you of an estimated weight discrepancy on the above referenced Arkansas manifest. The manifested estimate weight was 6200 lbs.. The actual weight as received by ENSCO's Receiving Department was 5463 lbs..

Please retain this notification for your files. No further action on your part is necessary. If you have any questions, please feel free to call me at (501) 864-3608.

Sincerely,

Deleza E. Johnson
Data Center Manager

cc: File

REQUEST FOR FACILITIES MATERIAL

Serial No. 202600

☐ **EMERGENCY (JUSTIFICATION)**

☐ **CRITICAL**

☐ ROUTINE

Requested By <i>R. Swell</i>		Employee No. <i>330487</i>		Phone <i>533 7926</i>		Date <i>12/15/92</i>		Dept. <i>CG 434</i>		Bldg & Column		Benefiting Dept. <i>01-060</i>	
Acct. No./CCN <i>FD8200AF</i>				PEMO/Source		Maint Work Order/ARO				Date Material Required <i>Complete</i>			
Item	Qty	O/U	Vendor Part No.		Description/Manufacturing							Unit Price	P/U
<i>01</i>	<i>01</i>	<i>I</i>	<i>Invoice 34055</i>		<i>Servicing 11/16/92</i>								
			<i>w/o: 30439</i>		<i>Trans & disposal to Enoco</i>								
			<i>Manifest</i>										
			<i>AR-572051</i>										
JUSTIFICATION			Suggested Supplier									SUBTOTAL <i>92602</i>	
			<i>United Pumping</i>									TAX	
												Phone No.	
			MATERIAL FOR					AUTHORIZED SIGNATURES					
			Machine/Equipment					Team Leader <i>R. L. G. 12-15-92</i> Date					
Model/Manufacture					Stockroom Cord. Date								
Serial No.					Group Leader Date								
Deliver To			Size/Type					Business Unit Manager Date					
Bldg. Column Dept.			DAC/Control Number					Bldg/Column		BO&A Group Leader Date			
Name Ext.			<input type="checkbox"/> DISTRIBUTION					G AM PM		Assigned To Reassigned To			
GPOS BUSINESS OPERATIONS & ACQUISITION ONLY										ANALYST			
Supplier <i>89298039</i>					Work Order No.					Name <i>Reed</i> Date <i>12/15/92</i>			
Supplier Name/Address <i>United Pumping</i>					Purchase/Contract No. <i>25652-F6292</i>					Expected Shipment Date			
Phone No.					CCN <i>FD8200AF</i>					Ship Location			
Supplier Contact <i>Bob</i>					Acct No. <i>6820</i>					VIA <i>V.T.</i>			
					Chg to Dept <i>01-060</i>					FOB <i>West.</i>			

DISTRIBUTION: White, Canary and Green – GPOS Business Operations & Acquisition; Pink – Originator



UNITED PUMPING SERVICE, INC.

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746
PHONE: (818) 961-9326
FAX (818) 336-7734 SALES
FAX (818) 961-3799 OPERATIONS

INVOICE

34055

DOAI2

SOLD TO:

Douglas Aircraft
19503 So. Normandie, C-6-711
Att: Polly Dini, C6-13
Torrance, CA 90502

JOB SITE:

Douglas Aircraft
19503 So. Normandie, C-6-711
Att: Polly Dini, C6-13
Torrance, CA 90502

DATE	NO. OF TONS	MANIFEST NO.	TERMS
12/09/92		AR-572051	11-11-92 net 30
PURCHASE ORDER NO.		ORDER DATE	SALESPERSON
S&S25652-F6292		11/16/92	BP
			WORK ORDER NO.
			30439

QUANTITY		DESCRIPTION	UNIT PRICE	TOTAL
1.00	915	Trans. to ENSCO, Inc., El Dorado, AK Enclosed Van	2,790.00	2,790.00
1.00	700	Disposal Fee:	5,893.10	5,893.10
1.00	701	Disposal Service Charge:	412.51	412.51
1.00 Hrs.	710	Additional loading time:	65.00	65.00
1.62 Hrs.	711	Additional offloading time:	65.00	105.30

TOTAL AMOUNT DUE

\$ 9,265.91

DIRECT DELIVERY SHIPMENT
Material Accepted As Listed
Exceptions Noted:
C. M. Morgan
Authorized Signature
Employee Number 25531
Dept. # 710 Date 12/15/92

OK to pay:
Robert Truell
C330487
12-15-92



UNITED PUMPING SERVICE, INC.

14016 EAST VALLEY BOULEVARD
CITY OF INDUSTRY, CALIFORNIA 91746
PHONE: (818) 961-9326
FAX (818) 336-7734

FIELD WORK ORDER

30439

PAGE 1 OF 1

CUSTOMER/ADDRESS

DOUGLAS AIRCRAFT CO.
19503-S. NORMANDIE AVE.
TORRENCE CA. 90502
PHONE NO. (310) 533-7926
LOCATION

DATE WORK PERFORMED:

11-16-92

DATE OF THIS REPORT:

TIME CALL RECEIVED:

CONTRACT NO.:

LOSS REPORT NO./P.O. NO.:

SCOPE OF WORK:

DRK UP HAZARDOUS WASTE SOLIDS

EQUIPMENT: TYPE	EQUIPMENT NO.	OPERATOR NAME	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS
TRUCK VAN	2643	R. LIZARRAGA	630	730	930				2
		DEFLIAD MK		1245	1400				2.40

PERSONNEL: NAME	TITLE	START TIME	ARRIVE TIME	TIME OUT	STOP TIME	S.T. TIME	O.T. TIME	TOTAL HOURS
* Trans. loading & unloading time divided with W.O.# 30440								

DISPOSAL: MANIFEST NO.	DISPOSAL SITE	QTY	UNIT
577051	ARKANSAS	9	BOARDS
		4	BOARDS
		13	TOTAL

CONSUMABLE: TYPE	QTY	TYPE	QTY

ADDITIONAL INFORMATION

SIGNED

Jay L. Lachar - FT Corp

INVOICE COPY

BOE-C6-0193926



P.O. BOX 8513
LITTLE ROCK, AR 72205
(501) 223-4100

INVOICE

S U M M A R Y

INVOICE NUMBER: 102544-000
INVOICE DATE: 11/30/92

CUSTOMER NAME
IT/DOUGLAS AIRCRAFT

CUSTOMER NUMBER
00946066

MANIFEST NUMBER
AR-000572051

CUSTOMER P.O. NUMBER
ED PERRY

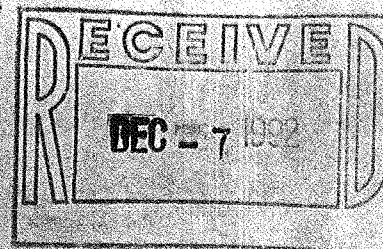
LOAD NUMBER
00073450

TERMS
Net 30 Days

MANIFEST SEQ #	DESCRIPTION	NUMBER OF CONTAINERS	TYPE OF CONTAINERS	WEIGHT	AMOUNT
001	HAZARDOUS WASTE SOLID	4.00	BA	3,762.00	3,600.00
002	WASTE COMPRESSED GAS	5.00	55	638.00	1,383.50
003	WASTE FLMBL LIQUID	3.00	55	719.00	600.00
004	HAZARDOUS WASTE SOLID	1.00	55	344.00	309.60
** Item Totals **		13.00		5,463.00	

Total Amount Due ----->

\$5,893.10



DOUGLAS AIRCRAFT CO.
ATTN: ROB TUELL
19503 S. NORMANDIE AVE.
M/S C6-10
TORRANCE
CA 90502

UNITED PUMPING SERVICE, INC.
ATTN: ACCTS PAYABLE
14016 E. VALLEY BLVD.
CITY OF INDUSTRY,
CA 91746



P.O. BOX 8513
LITTLE ROCK, AR 72205
(501) 223-4100

INVOICE

DETAIL

INVOICE NUMBER: 102544-000
INVOICE DATE: 11/30/92

MFST		PR			PRICE	STG	QUOTE# /	MIN	MIN	OVER	UNIT	EXTENDED
SEQ#	ITEM NO	CD	WEIGHT	GALLONS	UM	DATE	WMDS#	TYP	AMOUNT	PACK	PRICE	PRICE
001	01079376	253	884.00	.00	BA	11/19/92	50090		.00	.00	900.00	900.00
001	01079377	253	1021.00	.00	BA	11/19/92	50090		.00	.00	900.00	900.00
001	01079378	253	1047.00	.00	BA	11/19/92	50090		.00	.00	900.00	900.00
001	01079379	253	810.00	.00	BA	11/19/92	50090		.00	.00	900.00	900.00
Item Totals			3762.00	.00								3600.00
002	01079380	256	114.00	.00	LB	11/19/92	142772	\$	275.00	.00	1.75	275.00
002	01079381	256	162.00	.00	LB	11/19/92	142772	\$	275.00	.00	1.75	283.50
002	01079382	256	118.00	.00	LB	11/19/92	142772	\$	275.00	.00	1.75	275.00
002	01079383	256	112.00	.00	LB	11/19/92	142772	\$	275.00	.00	1.75	275.00
002	01079384	256	132.00	.00	LB	11/19/92	142772	\$	275.00	.00	1.75	275.00
Item Totals			638.00	.00								1383.50
003	01079385	206	314.00	.00	55	11/19/92	142764		.00	.00	200.00	200.00
003	01079386	206	256.00	.00	55	11/19/92	142764		.00	.00	200.00	200.00
003	01079387	206	149.00	.00	55	11/19/92	142764		.00	.00	200.00	200.00
Item Totals			719.00	.00								600.00
004	01079388	255	344.00	.00	LB	11/19/92	146157	\$	300.00	.00	.90	309.60
Item Totals			344.00	.00								309.60
INVOICE TTL			5463.00	.00								\$5,893.10



STATE OF ARKANSAS

Department of Pollution Control and Ecology

P.O. Box 8913 Little Rock, Arkansas 72219-8913

Telephone 501-562-7444

5

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Company Attn: R. Tuell M/S C6-59 19503 S. Normandie Avenue, Torrance, CA 90502		C A D 0 8 6 5 1 0 0 0 5 9 2 1 8 1		A. State Manifest Document Number AR-572051		
4. Generator's Phone (310) 533-7926 or (310) 533-7231		6. US EPA ID Number		B. State Generator's ID HARD 36005698		
5. Transporter 1 Company Name United Pumping Service		7. Transporter 2 Company Name		C. State Transporter's ID PC 1123 H602		
8. US EPA ID Number		9. Designated Facility Name and Site Address Ensco, Inc. American Oil Road El Dorado, AR 71730		D. Transporter's Phone (818) 961-9326		
10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		E. State Transporter's ID PC H		
12. Containers		13. Total Quantity		F. Transporter's Phone		
No. Type		Unit		G. State Facility's ID		
352		D007, F002		H. Facility's Phone		
004 B A 04/000		P		(501) 863-7173		
005 D M 00700		P				
003 D M 01200		P				
001 D M 00300		P				
Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
a) HMDS # 50090. Production rags contaminated with solvents.		EMERGENCY RESPONSE INFORMATION:				
b) HMDS # 142772. Aerosol cans.		(310) 533-7926 Rob Tuell				
c) HMDS # 142764. Waste solvents.						
If no alternate TSD, return to generator						
15. Special Handling Instructions and Additional Information						
In case of accident contact Chemtrec at 800-424-9300. Weights are approximate.						
DOT Emergency Response Guide #'s a)31 b)22 c)27.						
Load # 73450. Appt. time 1400 on November 19, 1992.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name JOHN CHAN		Signature John Chan		Month Day Year 11/19/92		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Kubra Lierunga		Signature Kubra Lierunga		Month Day Year 11/19/92		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name T. H. H. H. H.		Signature T. H. H. H. H.		Month Day Year 11/19/92		